



Compliments and Complaints Reporting Form

At Dingwall Trust we welcome feedback to ensure we are continuously monitoring and improving the services we provide.

Section 1 (to be completed by the person providing the compliment / complaint)

This is a Compliment Complaint (tick which is appropriate)

Name of person making the compliment/complaint: _____

Date: _____ Date of Incident/event (if different): _____

Brief details of the compliment/complaint (including names of persons involved):

Is this a serious complaint? Yes No

Contact details (if follow up is required): _____

Section 2 (to be completed by the Compliments/Complaints Co-ordinator)

Date compliment/complaint logged in Register: _____

Director Informed? Yes No

Unresolved Complaint? Yes No Person assigned to manage: _____

Date documentation returned to Co-ordinator: _____

Date documentation completed and filed: _____

Signed: (Co-ordinator): _____